

Candidate  
Annual Report of Receipts and Disbursements  
2009

RECEIVED

JAN 28 2010

Secretary of State  
Capitol Office

DATE STAMP

Candidate's Name RANDALL H. PATTERSON

Full Address 1352 KENYON DRIVE BLOOMINGDALE MS 39230

Telephone 228 348-2170 Fax 228-435-4404

Contact Name \_\_\_\_\_ Email \_\_\_\_\_

Office MS. HOUSE OF REP. Political Party DEM.

☐ Check here if above is different from previous report

TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

\_\_\_\_ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	<u>X</u> + \$	\$ <u>5,750.00</u>	\$ <u>5,750.00</u>
Total amount of disbursements \$	+ \$	\$ <u>0</u>	\$ <u>0</u>
Total amount of cash on hand		\$ <u>5,750.00</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Randal Peterson

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Reporting period

1 JAN. 09

through

31 DEC. 09

## ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MOTOROLA

Date  
(Mo., Day, Year)

04/07/09

Amount of each  
receipt  
this period

\$ 250.00

Mailing Address

P.O. BOX 68429

City, State, Zip Code

SCHAUMBURG, ILLINOIS 60168

Name of Employer (Required)

SAME

Occupation (Required)

Aggregate  
year-to-date

\$ 250.00

B. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

ENTERPRISE RENT-A-CAR CO.

Date  
(Mo., Day, Year)

06/04/09

Amount of each  
receipt  
this period

\$ 200.00

Mailing Address

600 CORPORATE PARK DRIVE

City, State, Zip Code

SAINT LOUIS, MO. 63105

Name of Employer (Required)

SAME

Occupation (Required)

Aggregate  
year-to-date

\$ 200.00

C. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

MS. ASSOC FOR HOME CARE

Date  
(Mo., Day, Year)

06/04/09

Amount of each  
receipt  
this period

\$ 500.00

Mailing Address

P.O. BOX 1468

City, State, Zip Code

RIDGEHILL, MS. 39158

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$ 500.00

D. Source: ☒ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

HANCOCK BANK

Date  
(Mo., Day, Year)

06/04/09

Amount of each  
receipt  
this period

\$ 100.00

Mailing Address

City, State, Zip Code

GULFPORT, MS.

Name of Employer (Required)

Occupation (Required)

Aggregate  
year-to-date

\$ 100.00

Name of Candidate or Committee RAUCHEL PATTERSON

Reporting period 1 JAN. 09 through 31 DEC. 09

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS. POWER CO.</u>	<u>06/04/09</u>	\$ <u>100.00</u>
Mailing Address	<u>P.O. BOX 4079</u>	<u>  /  /  </u>	\$
City, State, Zip Code	<u>GULFPORT, MS. 39502</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>SAME</u>	<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>100.</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>AMERSTAR CASINO VICKSBURG</u>	<u>06/04/09</u>	\$ <u>350.00</u>
Mailing Address	<u>4116 WASHINGTON ST.</u>	<u>  /  /  </u>	\$
City, State, Zip Code	<u>VICKSBURG, MS. 39180</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>SAME</u>	<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>350.</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>JEFFREY C. SMITH</u>	<u>06/04/09</u>	\$ <u>750.00</u>
Mailing Address	<u>P.O. Box 681</u>	<u>  /  /  </u>	\$
City, State, Zip Code	<u>COLUMBUS, MS. 39703</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>SAME</u>	<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>750.</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>MS. ROAD BUILDERS ASSOC.</u>	<u>06/04/09</u>	\$ <u>1000.00</u>
Mailing Address	<u>601 GEORGE ST.</u>	<u>  /  /  </u>	\$
City, State, Zip Code	<u>JACKSON, MS. 39202</u>	<u>  /  /  </u>	\$
Name of Employer (Required)	<u>SAME</u>	<u>  /  /  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.</u>

Name of Candidate or Committee RAUDALL PATTERSON

Reporting period 1 JAN. 09 through 31 DEC. 09

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHEVRON CORPORATION</u>		<u>08/07/09</u>	\$ <u>1000.00</u>
Mailing Address <u>P.O. BOX 9034</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>CONCORD, CA 94524</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>SAHLE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CHECK INTO CASH OF MS. INC.</u>		<u>08/07/09</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 550</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>CLEVELAND TN, 37364</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>SAHLE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan (CASH) <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>(FROM) RANDALL PATTERSON</u>		<u>08/07/09</u>	\$ <u>250.00</u>
Mailing Address <u>1352 KENSINGTON DR.</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code <u>BILOXI, MS. 39530</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required) <u>SAHLE</u>		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>  </u> / <u>  </u> / <u>  </u>	\$
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Name of Employer (Required)		<u>  </u> / <u>  </u> / <u>  </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

RAIMUND PATTERSON

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31 DEC. 09

## ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

AT&amp;T MS.

Mailing Address

175 E. CAPITAL ST.

City, State, Zip Code

JACKSON, MS. 39201

Name of Employer (Required)

SAME

Occupation (Required)

Date  
(Mo., Day, Year)

12/30/09

Amount of each  
receipt  
this period

\$ 500.

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Aggregate  
year-to-date

\$ 500.

B. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

CHEVRON CORP.

Mailing Address

P.O. BOX 9034

City, State, Zip Code

CONCORD, CA. 94524

Name of Employer (Required)

SAME

Occupation (Required)

Date  
(Mo., Day, Year)

12/30/09

Amount of each  
receipt  
this period

\$ 500.

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Aggregate  
year-to-date

\$ 1500.

C. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
receipt  
this period

\$

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Aggregate  
year-to-date

\$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify)

Full name

Mailing Address

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Date  
(Mo., Day, Year)

\_\_\_/\_\_\_/\_\_\_

Amount of each  
receipt  
this period

\$

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

\_\_\_/\_\_\_/\_\_\_

Aggregate  
year-to-date

\$

Name of Candidate or Committee

RANDALL A. PATTERSON

Reporting period

1 JAN. 09

through

31 DEC. 09

# ITEMIZED DISBURSEMENTS

A. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
C. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>  </u> / <u>  </u> / <u>  </u>	\$
City, State, Zip Code		<u>  </u> / <u>  </u> / <u>  </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$